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23869 7590 02/10/2005  
**HOFFMANN & BARON, LLP**  
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SYOSSET, NY 11791  
05/06/2005 BABRAHA2 00000001 200776 10723678

01 FC:1501 1400.00 DA  
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Kim Tillman	(Depositor's name)
<i>Kim Tillman</i>	(Signature)
May 2, 2005	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/723,678	11/25/2003	Timothy K. Taylor	577-511 DIV	8870

TITLE OF INVENTION: CAPACITIVE TEST POINT VOLTAGE AND PHASING DETECTOR

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	05/10/2005
EXAMINER		ART UNIT	CLASS-SUBCLASS		
NGUYEN, VINCENT Q		2858	324-683000		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. **Use of a Customer Number is required.**

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

**Hoffmann & Baron, LLP**

2 \_\_\_\_\_  
3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Thomas & Betts International, Inc.

Sparks, Nevada

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are enclosed:

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Issue Fee  
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 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 20-0776 (enclose an extra copy of this form).

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date May 2, 2005

Typed or printed name

Registration No. 45,272

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